

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

D. O. Vou. No. _____
Bu. Vou. No. 2402

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY <i>Encl #1</i> DPD 7876-59 COPY 1 OF 2
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No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$4,213.92	

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$4,213.92

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences _____

Date 3-13-59

(Required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for
(Signature or initials) *EL*

\$4,213.92

Per _____ Title _____
Contract No. _____ Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

**SIGN
ORIGINAL
ONLY**

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$_____
Cash, \$_____, on _____, 19____. Payee _____

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the payee.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$_____", and over his official title.

Title _____

STATOTHR

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No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
	Mo.	Day	Yr.				Mo.	Day							Mej.	Int.	Sub.	Account	M.I.O.	S.O.		Work Order
52	02	18	9	44083	45636		02	20	436				1	50	25	00	00	12501	3032	05		1854 1854 1854

ACCOUNTS PAYABLE

WK DIRECT 2-22

DATE _____

59

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BATCH				INVOICE	PURCHASE	CHECK	PAYMENT	Vender		GROSS	DISCOUNT	Tax	Cost	TR.	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
No.	No.	Day	Yr.	NUMBER	ORDER	NUMBER	DATE	Number	AMOUNT			Class	Element	CODE	Mch.	Int.	Sub.	Account	M.J.O.	S.O.	Work Order	
52	02	18	9	5228	1331	.	02 20	3301					1	50	25	00	00	12501	5068	24		5950 5950 5950 16954 ***** -2920000000

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